

HIV Prevention Community Planning Needs Assessment

Section 1:

1. Where do you live?

City/County/Zip Code: _____/_____/_____

2. Which of the following best describes the area where you live:

- ☐ Urban (large city/metropolitan area)
- ☐ Suburban (outlying areas close to a large city)
- ☐ Rural (small town or in the country)
- ☐ Not sure

3. Which of the following do you consider to be your race? Mark one only.

- ☐ African American/Black
- ☐ Native American/American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Anglo/White
- ☐ Multiracial
- ☐ Other _____

4. Do you consider yourself Hispanic/Latino?

- ☐ Yes ☐ No

5. What is the highest grade or level of education you have completed? **Mark one only.**

- ☐ None
- ☐ Any grade from 1 through 8
- ☐ Any grade from 9 through 11
- ☐ High school graduate (grade 12), or GED
- ☐ Business, technical, vocational, or military school or training
- ☐ Some college, but no degree
- ☐ College graduate with a two year/associates degree
- ☐ College graduate with a four year/bachelors degree
- ☐ Post-graduate or professional schooling beyond a four year/bachelor's degree

6. What is your age? _____

7. What is your gender ?

☐ Female ☐ Male ☐ Transgender

8. What is your sexual orientation?:

☐ Heterosexual (straight) ☐ Gay/Lesbian

☐ Bisexual (Bi) ☐ I prefer not to specify

Section 2:

9. What behaviors do you think **increase** the chance someone will get HIV? other sexually transmitted diseases (STDs)? **Mark all that apply.**

<u>HIV</u>	<u>other STDs</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Having anal sex without condoms
<input type="checkbox"/>	<input type="checkbox"/>	Having oral sex without condoms or dental dams
<input type="checkbox"/>	<input type="checkbox"/>	Having vaginal sex without condoms
<input type="checkbox"/>	<input type="checkbox"/>	Trading sex for drugs, money, food or shelter
<input type="checkbox"/>	<input type="checkbox"/>	Having unprotected sex while under the influence of alcohol or other drugs
<input type="checkbox"/>	<input type="checkbox"/>	Having sex with more than 1 partner
<input type="checkbox"/>	<input type="checkbox"/>	Shooting drugs and sharing needles or works
<input type="checkbox"/>	<input type="checkbox"/>	Having sex with men who do any of the above
<input type="checkbox"/>	<input type="checkbox"/>	Having sex with women who do any of the above
<input type="checkbox"/>	<input type="checkbox"/>	Blood transfusions
<input type="checkbox"/>	<input type="checkbox"/>	Needle sticks
<input type="checkbox"/>	<input type="checkbox"/>	Being born to a mother with HIV or an STD
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

10. Check a box to show how much you agree or disagree with each of the following statements.

Mark one answer for each statement.

	Strongly Agree	Agree	Not sure/ Neutral	Disagree	Strongly Disagree
a. A person should tell their sex partner(s) that they have HIV when they do not use condoms or other methods of protection.					

10. (contd.)

	Strongly Agree	Agree	Not sure/ Neutral	Disagree	Strongly Disagree
b. A person should tell their sex partner(s) that they have HIV even if they always use condoms or other methods of protection.					
c. A person should tell their sex partner(s) that they have an STD (other than HIV) when they do not use condoms or other methods of protection.					
d. A person should tell their sex partner(s) that they have an STD (other than HIV) even if they always use condoms or other methods of protection .					

11. Which of the following ways will **reduce** the risk of getting HIV? other STDs? **Mark all that apply.**

HIV **other STDs**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Always use condoms correctly during anal sex |
| <input type="checkbox"/> | <input type="checkbox"/> | Always use condoms/dental dams correctly during oral sex |
| <input type="checkbox"/> | <input type="checkbox"/> | Always use condoms correctly during vaginal sex |
| <input type="checkbox"/> | <input type="checkbox"/> | Having no sex partner |
| <input type="checkbox"/> | <input type="checkbox"/> | Having a monogamous sexual relationship (i.e. you and your partner only have sex with each other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Not sharing needles or works |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleaching needles or works |
| <input type="checkbox"/> | <input type="checkbox"/> | Not abusing alcohol or other drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Not injecting drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Douching |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Section 3:

12. Who are your sex partners (anal, oral or vaginal)? **Mark all that apply.**

☐ Men ☐ Women ☐ Transgenders

13. How many sex partners (anal, oral, or vaginal sex) have you had in the last 12 months? **Mark one only.**

☐ None ☐ 1 ☐ 2-3 ☐ 4-5 ☐ 6-10 ☐ more than 10

14. Have you ever talked with your sex partner(s) about the chances of infecting each other with HIV? with other STDs? **Mark one response each for HIV and other STDs.**

	HIV	other STDs
No sex partners in the last 12 months		
Yes, have discussed with all sex partners in last 12 months.		
Yes, have discussed with some but not all of sex partners in the last 12 months.		
No, have not discussed with any sex partners in last 12 months.		

15. Do any of your sex partners have HIV? other STDs? **Mark one response each for HIV and other STDs.**

	HIV	other STDs
No sex partners in the last 12 months		
Yes, at least 1 of the partners		
No, none of the partners		
Don't know/not sure		

16. If you were diagnosed with HIV or other STD today, would you know how or from whom you got it?

<u>HIV</u>	<u>other STD</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. If you found out you had HIV or an STD, who would you tell? **Mark all that apply.**

	HIV	other STD
Family members		
Your current partner		
Past partners that you may have infected		

Friends		
Others		

18. Have you been tested for HIV in the last twelve (12) months?

- ☐ **Yes**, I have been tested _____ # of times in the last 12 months

If Yes, why? **Mark all that apply.**

- ☐ I thought I might have symptoms of HIV
- ☐ A sex partner told me that he/she had HIV
- ☐ I had sex without using a condom or other method of protection
- ☐ My doctor or nurse noticed a problem during a routine visit
- ☐ The test is part of my routine care
- ☐ Because of pregnancy
- ☐ Other: _____

- ☐ **No**

If No, have you **ever** been tested for HIV? ☐ **Yes** ☐ **No**

If you have **never** been tested for HIV, why? **Mark all that apply.**

- ☐ I don't think I am at risk for getting HIV
- ☐ I am not sexually active
- ☐ I don't know where to get tested
- ☐ I don't want to know if I have HIV
- ☐ I don't believe it would help me to be tested
- ☐ I'm scared of needles
- ☐ I don't want to ask my doctor
- ☐ I'm afraid someone will find out
- ☐ I'm afraid it would cost too much money to be tested or treated
- ☐ I prefer not to answer
- ☐ Other: _____

19. If you answered Yes to any part of #18, please answer the following questions. Otherwise, skip to question #20.

a. Where were you tested for HIV?

- ☐ Doctor's office
- ☐ Family planning clinic such as Planned Parenthood
- ☐ Public STD clinic

- ☐ Other Public clinics (i.e. school clinics, community health centers)
- ☐ Hospital
- ☐ Other: _____

b. Have you ever tested positive for HIV? ☐ Yes ☐ No

If Yes, have you been told you have AIDS? ☐ Yes ☐ No

20. Have you been **tested** for any Sexually Transmitted Disease (STD) other than HIV in the last twelve (12) months?

☐ **Yes,** I have been tested _____ # of times in the last 12 months

If Yes, why? **Mark all that apply.**

- ☐ I thought I might have symptoms of an STD
- ☐ A sex partner told me that he/she had an STD
- ☐ I had sex without using a condom or other method of protection
- ☐ My doctor or nurse noticed a problem during a routine visit
- ☐ The test is part of my routine care
- ☐ Because of pregnancy
- ☐ Other: _____

☐ **No**

If No, why not? **Mark all that apply.**

- ☐ I don't think I am at risk for getting STDs
- ☐ I have not been sexually active
- ☐ I don't know where to get tested
- ☐ I don't want to know if I have a STD
- ☐ I don't believe it would help me to know if I have a STD
- ☐ I'm scared of needles
- ☐ I don't want to ask my doctor
- ☐ I'm afraid someone will find out
- ☐ I'm afraid it would cost too much money to be tested or treated
- ☐ I prefer not to answer
- ☐ Other: _____

21. **If** you answered Yes to #20, please answer the following questions. Otherwise, skip ahead to #22.

a. Where were you tested?

- ☐ Doctor's office
- ☐ Family planning clinic such as Planned Parenthood

- ☐ Public STD clinic
- ☐ Other Public clinics (i.e. school clinics, community health centers)
- ☐ Hospital
- ☐ Other: _____

b. Have you ever tested positive for a STD? ☐ **Yes** ☐ **No**

22. How many times in the last 12 months have you been **treated** for a STD?

Mark one only.

- ☐ I have **never** been treated for a STD
- ☐ None, I have not been treated for a STD **in the last 12 months**
- ☐ Once
- ☐ 2-3 times
- ☐ 4-5 times
- ☐ More than 5 times
- ☐ Don't know/Not sure

23. Which of the diseases below have you been tested for during the last 12 months?

Mark all that apply

- ☐ Hepatitis A (Yellow Jaundice) ☐ Hepatitis B
- ☐ Hepatitis C ☐ Tuberculosis (consumption, TB)
- ☐ None

If None, please mark below why you have not been tested. **Mark all that apply.**

- ☐ I don't think I am at risk for getting any of these diseases
- ☐ I have no symptoms of any of these diseases
- ☐ I don't know where to get tested
- ☐ I don't want to know if I have any of these diseases
- ☐ I don't believe it would help me to be tested
- ☐ I'm scared of needles
- ☐ I don't want to ask my doctor
- ☐ I'm afraid someone will find out
- ☐ I'm afraid it would cost too much money to be tested or treated
- ☐ I prefer not to answer
- ☐ Other: _____

24. Do you have anal sex?

- ☐ Yes ☐ No

25. Please answer the following questions. **Mark one answer for all that apply.**

	Yes	No
a. Did you ever inject drugs in the past (more than 12 months ago)?		
b. If yes to a, did you share needles or works?		
c. If yes to b, did you always clean your needles or works with bleach before use?		

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26. Please answer the following questions. **Mark one answer for all that apply.**

	Yes	No
a. Have you injected drugs in the past 12 months ?		
b. If yes to a, do you share needles or works?		
c. If yes to b, do you always clean your needles or works with bleach before use?		

If you answered yes to any part of questions #24, #25 or #26, please answer question #27 below. Otherwise, please skip to question #28.

27. Where do you spend most of your time doing the behaviors described above in questions 24, 25 and 26? Mark the places **you go the most** to do these behaviors.

- | | |
|-------------------|-------------------------|
| ___ Bar/Clubs | ___ Roadside Parks |
| ___ Street/Alleys | ___ Crack houses |
| ___ At home | ___ Someone else's home |
| ___ Hotels/Motels | ___ Schools |
| ___ Work Place | ___ Truck Stop |
| ___ Car/vehicles | ___ Shooting Gallery |
| ___ Other: _____ | |

28. Please answer the following questions. **Mark one answer for all that apply.**

	Yes	No
a. Do you think you will inject drugs in the near future (next 12 months)?		
b. If yes to a, will you share needles or works?		
c. If yes to b, will you always clean your needles or works with bleach before use?		

29. In the past (more than 12 months ago), how often did you use a condom or other protective method for sex with your partner(s)? **Mark one answer for each type of sex.**

	Never v	Almost Never v	Sometimes v	Almost Always v	Always v	I have never had this kind of sex v
Anal Sex						

Oral Sex						
Vaginal Sex						

30. In the last year (12 months), how often have you used a condom or other protective method for sex with your partner(s)? **Mark one answer for each type of sex.**

	Never v	Almost Never v	Sometimes v	Almost Always v	Always v	I have not had this kind of sex in the last 12 months v
Anal Sex						
Oral Sex						
Vaginal Sex						

31. In the future, how often do you think you will use a condom or other protective method for sex with your partner(s)? **Mark one answer for each type of sex.**

	Never v	Almost Never v	Sometimes v	Almost Always v	Always v	I do not intend to have this kind of sex in the future v
Anal Sex						
Oral Sex						
Vaginal Sex						

32. When you have sex (anal, oral or vaginal) without condoms or other protective methods, what are the reasons why? **Mark all that apply to you.**

- | | |
|--|---|
| <input type="checkbox"/> N/A I always use condoms,etc. | <input type="checkbox"/> Drunk or high |
| <input type="checkbox"/> N/A I am not sexually active | <input type="checkbox"/> I trust my partner(s) |
| <input type="checkbox"/> Condoms not available | <input type="checkbox"/> Don't like condoms |
| <input type="checkbox"/> Female condoms not available | <input type="checkbox"/> Partner(s) refuse to use condoms |
| <input type="checkbox"/> Because I can get treatment | <input type="checkbox"/> Pressure from partner(s) |
| <input type="checkbox"/> Embarrassed or ashamed | <input type="checkbox"/> Could damage existing relationship |
| <input type="checkbox"/> Dental dams not available | <input type="checkbox"/> Other: _____ |

33. What do you do to keep from getting HIV? other STDs? **Mark all that apply.**

- | <u>HIV</u> | <u>other STDs</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I sometimes use condoms/other protective methods during sex |
| <input type="checkbox"/> | <input type="checkbox"/> | I always use condoms/other protective methods during sex |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't have sex (anal, oral, or vaginal) |

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I only have sex with one partner |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't share needles or works |
| <input type="checkbox"/> | <input type="checkbox"/> | I always bleach my needles or works before use |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't abuse alcohol or other drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't inject drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: |

34. How likely do you think you are to get HIV? other STDs? **Mark one answer each for HIV and other STDs.**

- | <u>HIV</u> | <u>other STDs</u> | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Very likely |
| <input type="checkbox"/> | <input type="checkbox"/> | Likely |
| <input type="checkbox"/> | <input type="checkbox"/> | Not Likely |
| <input type="checkbox"/> | <input type="checkbox"/> | Not at all Likely |

Section 4:

35. To **reduce** my likelihood of getting of HIV or a STD I would like to know more about:
Mark all that apply.

- ☐ How to have "safe sex"
- ☐ How to clean needles and works
- ☐ How to get help to stop using drugs/alcohol
- ☐ How to use condoms
- ☐ How to talk to my partner(s) about using condoms
- ☐ Basic information on HIV/STD's
- ☐ Other: _____

36. Is there anything about your community, town, county or the people who live there that make it hard for you to use HIV or STD prevention programs there?

☐ Yes No ☐

. If yes, what? Please **mark all that apply**:

- ☐ Don't have an HIV or an STD program in my town or county
- ☐ My family/friends/others may find out
- ☐ Town is too small
- ☐ City is too big
- ☐ Clinics are too crowded or I have to wait too long

- ☐ Don't have the kind of programs that I want or need
- ☐ Don't know where to go for programs
- ☐ Have to go to different places for different programs
- ☐ No transportation
- ☐ Hours not convenient
- ☐ Other: _____

37. Please answer the following questions. **Mark all of the boxes that apply for you.**

Which of the following places.....	a. would you go to for information on...		b. would you <i>never</i> go to for information on...		c. have you gone to in the past for information on...		d. have helped you in the past with information on...	
	HIV	other STDs	HIV	other STDs	HIV	other STDs	HIV	other STDs
Where I work								
School								
Church								
Health Fairs								
Treatment Centers								
Shelters								
Bars								
Public Library								
Bath houses								
Internet								
Newspaper								
Television								
Radio								
Local HIV/AIDS organizations								
Hot Line								
Community counseling & testing centers								
Health care providers (doctors, nurses)								
Public health clinics								
Family or Friends								
Health Clinics								
Other:								
Other:								

38. If you have not used any of the above places, why not? **Mark all that apply**

- | | |
|---|---|
| <input type="checkbox"/> Location | <input type="checkbox"/> No transportation |
| <input type="checkbox"/> Don't need them | <input type="checkbox"/> Embarrassed |
| <input type="checkbox"/> Don't trust | <input type="checkbox"/> Hours are not convenient |
| <input type="checkbox"/> I don't want to | <input type="checkbox"/> Costs too much |
| <input type="checkbox"/> Didn't know about them | <input type="checkbox"/> Does not apply |
| <input type="checkbox"/> Other: | |

39. a. What other HIV/STD prevention programs/information would you like to have?

b. Why do you feel these are needed?
